

PCS (OUTGOING)
PCL (INCOMING)

MICHIGAN GUARANTY AGENCY

PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO WORK AND/OR ATTEND SCHOOL

SECTION I - TO BE COMPLETED BY BORROWER (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. NAME OF BORROWER (LAST, FIRST MIDDLE)

2. BRR SSN

3. LOAN TYPE

CONSENT FOR RELEASE OF INFORMATION-I AUTHORIZE ANY PHYSICIAN, HOSPITAL OR OTHER INSTITUTION HAVING RECORDS PERTAINING TO THE DISABILITY DUE TO WHICH MY PRIOR LOAN(S) WERE CANCELED TO MAKE INFORMATION FROM SUCH RECORDS AVAILABLE TO THE MICHIGAN GUARANTY AGENCY

4. TYPE OR PRINT NAME AND ADDRESS OF BORROWER

5. DATE: MM DD YY

6. I AM AWARE THAT MY NEW LOAN(S) CANNOT BE CANCELLED IN THE FUTURE ON THE BASIS OF ANY PRESENT IMPAIRMENT, UNLESS SAID IMPAIRMENT SUBSTANTIALLY DETERIORATES TO THE EXTENT THAT THE CONDITION OF TOTAL AND PERMANENT DISABILITY IS MET.

SIGNATURE OF BORROWER _____

SECTION II - TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE ATTACHED INSTRUCTION AND PRIVACY ACT NOTICE)

1. DATE BORROWER BECAME ABLE TO WORK AND EARN WAGES: MM DD YY

2. STATEMENT OF BORROWER'S PRESENT MEDICAL CONDITION:

3. **PHYSICIAN CERTIFICATION OF BORROWER'S ABILITY TO WORK OR ATTEND SCHOOL.** I CERTIFY THAT IN MY BEST PROFESSIONAL JUDGMENT THE DISABILITY CONDITION OF (BORROWER) _____ HAS IMPROVED AND THAT (BORROWER) _____ IS ABLE TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY.

I AM LEGALLY AUTHORIZED TO PRACTICE IN THE STATE OF _____

4. TYPE OR PRINT NAME AND ADDRESS OF PHYSICIAN

5. SIGNATURE OF PHYSICIAN (MD OR DO)

6. MEDICAL LICENSE NUMBER

7. DATE: MM DD YY

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PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO WORK AND/OR ATTEND SCHOOL

GENERAL INSTRUCTIONS:

THIS FORM IS USED FOR OBTAINING A PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO PARTICIPATE IN SUBSTANTIALLY GAINFUL ACTIVITY FOR THE PURPOSE OF OBTAINING TITLE IV FINANCIAL AID.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

TO BE TOTALLY AND PERMANENTLY DISABLED THE BORROWER MUST BE UNABLE TO WORK AND EARN MONEY OR ATTEND SCHOOL BECAUSE OF AN INJURY OR ILLNESS THAT IS EXPECTED TO CONTINUE INDEFINITELY OR RESULT IN DEATH.

THIS DEFINITION CALLS FOR A JUDGMENT DECISION AS TO THE BORROWER'S ABILITY TO EARN INCOME DESPITE HIS OR HER DISABILITY. THE PHYSICIAN IS TO ASSESS THE IMPACT OF THE BORROWER'S DISABILITY ON HIS OR HER ABILITY TO EARN INCOME IN LIGHT OF WHAT THE BORROWER WOULD NORMALLY BE ABLE TO EARN IF HE OR SHE WERE NOT DISABLED.

IF THE DISABILITY APPEARS TO HAVE A SIGNIFICANT ADVERSE EFFECT ON THE BORROWER'S EARNING POTENTIAL, NOT ONLY IN THE TYPE OF WORK PERFORMED BEFORE THE IMPAIRMENT BUT FOR ANY SUBSTANTIAL GAINFUL EMPLOYMENT, AND THE DISABILITY IS EXPECTED TO LAST FOR A LONG AND INDEFINITE PERIOD OF TIME, THEN THE BORROWER SHALL BE CONSIDERED PERMANENTLY DISABLED UNDER THIS DEFINITION. IF, HOWEVER, THE BORROWER'S CONDITION HAS IMPROVED SO THAT THE BORROWER IS ABLE TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY OR ATTEND AN INSTITUTION OF POSTSECONDARY EDUCATION A REAFFIRMATION CAN BE PROCESSED TO ALLOW THE BORROWER TO COMPLETE PROCEDURES FOR ELIGIBILITY FOR TITLE IV AID.

IT SHOULD BE NOTED THAT THE STANDARD FOR DETERMINING DISABILITY FOR CANCELLATION OF THE BORROWER'S LOAN OBLIGATION AND REAFFIRMATION MAY BE DIFFERENT FROM STANDARDS USED UNDER OTHER PUBLIC AND PRIVATE PROGRAMS IN CONNECTION WITH OCCUPATIONAL DISABILITY OR ELIGIBILITY FOR SOCIAL SERVICE BENEFITS.

INSTRUCTIONS FOR SECTION I-BORROWER

1. BORROWER MUST COMPLETE THIS SECTION AND SIGN THIS FORM.
2. HAVE SECTION II OF THE FORM COMPLETED AND SIGNED BY A DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHY.
3. RETURN COMPLETED COPY OF THIS FORM TO MICHIGAN GUARANTY AGENCY, P. O. 30047, LANSING, MI 48909.

INSTRUCTIONS FOR SECTION II-PHYSICIAN

1. YOU ARE BEING ASKED TO COMPLETE AND SIGN THIS FORM TO CERTIFY THAT THE BORROWER IS NO LONGER TOTALLY AND PERMANENTLY DISABLED.
2. YOU MAY COMPLETE THIS FORM FOR THE BORROWER ONLY IF YOU ARE A DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHY LEGALLY AUTHORIZED TO PRACTICE IN YOUR STATE.
3. SIGN THE CERTIFICATION ONLY IF THE BORROWER'S CONDITION DOES NOT MEET THE ABOVE DEFINITION OF TOTAL AND PERMANENT DISABILITY.
4. PLEASE MAKE YOUR REPORT COMPLETE AS TO THE BORROWER'S PRESENT CONDITION, AS YOUR REPORT WILL BE USED TO DETERMINE WHETHER THE BORROWER'S CONDITION HAS WORSENERED IF S/HE APPLIES FOR DISABILITY CANCELLATION IN THE FUTURE.

PRIVACY ACT NOTICE - THE PRIVACY ACT OF 1974 (5 U.S.C. 552a) REQUIRES THAT AN AGENCY PROVIDE THE FOLLOWING NOTICE TO EACH INDIVIDUAL WHOM IT ASKS TO SUPPLY INFORMATION.

1. THE AUTHORITY FOR COLLECTING THE INFORMATION REQUESTED ON THIS FORM IS FOUND IN 20 U.S.C. 1087 AND 1087dd.
2. THE PRINCIPAL PURPOSES OF THIS INFORMATION ARE TO VERIFY THE IDENTITY OF THE BORROWER; DETERMINE THE PRESENT MEDICAL CONDITION OF THE BORROWER; AND IN THE EVENT IT IS NECESSARY TO LOCATE THE BORROWER'S CERTIFYING PHYSICIAN. THE SSN IS USED AS A LOAN ACCOUNT NUMBER (IDENTIFIER) IN ORDER TO ACCURATELY RECORD NECESSARY INFORMATION.
3. THE ROUTINE USES OF THIS INFORMATION INCLUDE ITS DISCLOSURE TO FEDERAL, STATE OR LOCAL AGENCIES, TO GUARANTEE AGENCIES, TO EDUCATIONAL AND FINANCIAL INSTITUTIONS AND TO AGENCY CONTRACTORS FOR THE PURPOSE OF: VERIFYING THE IDENTITY OF THE BORROWER AND THE BORROWER'S PHYSICIAN; DETERMINING THE BORROWER'S PRESENT MEDICAL CONDITION; INVESTIGATING POSSIBLE FRAUD AND VERIFYING COMPLIANCE WITH PROGRAM REGULATIONS. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY CAUSE THE MICHIGAN GUARANTY AGENCY TO DENY THE BORROWER'S REQUEST FOR REAFFIRMATION.
4. THE INFORMATION IS NECESSARY TO PROCESS REQUESTS FOR LOAN REAFFIRMATION.
5. PHYSICIAN'S SIGNATURE IS NECESSARY TO PROCESS REQUESTS FOR LOAN REAFFIRMATION.
6. MEDICAL LICENSE NUMBER IS NECESSARY TO PROCESS REQUESTS FOR LOAN REAFFIRMATION.
7. DATE PHYSICIAN SIGNED IS NECESSARY TO PROCESS REQUESTS FOR LOAN REAFFIRMATION.